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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/519,197 03/06/2000		David Page	109140-0002	8386		
207	7590 08/02/2004		EXAMINER			
	TEN, SCHURGIN, G	O CONNOR, GERALD J				
TEN POST OFFICE SQUARE BOSTON, MA 02109			ART UNIT	PAPER NUMBER		
2001011,			3627			
			DATE MAILED: 08/02/200	4		

Please find below and/or attached an Office communication concerning this application or proceeding.

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Page et al.

Interview Summary

Application No. 09/519,197

Examiner

Applicant(s)

Art Unit O'Connor

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All participants (applicant, applicant's representative, PTO	personnel):					
(1) O'Connor	(3)					
(2) Miele (Reg. No. 34,393)	(4)					
Date of Interview July 29, 2004	-					
Type: a) ☒ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant	2) applicant's representative]					
Exhibit shown or demonstration conducted: d) Yes	e) 🛛 No. If yes, brief description:					
Claim(s) discussed: 8-14						
Identification of prior art discussed: Bezos et al. (US 6,029,141)						
Agreement with respect to the claims f) was reached	. g)⊠ was not reached. h)□ N/A.					
Substance of Interview including description of the general any other comments:	nature of what was agreed to if an agreement was reached, or					
Discussed possible changes to the claims that would be ne						
pending claims as obvious over the applied prior art of reco	ord.					
(A fuller description, if necessary, and a copy of the amen allowable, if available, must be attached. Also, where no available, a summary thereof must be attached.)	dments which the examiner agreed would render the claims copy of the amendments that would render the claims allowable is					
i) It is not necessary for applicant to provide a sepa	rate record of the substance of the interview (if box is checked).					
INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MF already been filed, APPLICANT IS GIVEN ONE MONTH FROM	IAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST PEP section 713.04). If a reply to the last Office action has OM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE rd of Interview requirements on reverse side or on attached					

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required

GERALDOCONNOR PATENT EXAMINER